

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SFA, INC.		FEC IDENTIFICATION NUMBER ▼ C C00828061	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Key Strategic Consulting, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 14 / 2023	
Mailing Address 1104 W Broad St Suite 1083		Amount 100000.00	
City Falls Church	State VA	Zip Code 22046	Transaction ID : SE.4128
Purpose of Expenditure Online advertising/email communications/text messaging		Category/ Type 003	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Haley, Nikki, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Shire Strategies LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 14 / 2023	
Mailing Address 4885 Mckinght Road #264		Amount 50000.00	
City Pittsburgh	State PA	Zip Code 15237	Transaction ID : SE.4129
Purpose of Expenditure Digital Advertising		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Haley, Nikki, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	150000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Reid, Katie, , ,

[Electronically Filed]

Date

MM / DD / YYYY
02 / 16 / 2023

Signature